## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

THUE

NAME STREET ADDRESS

CITY - ST - Zi-

SIGNATURE:

appears in Block 12 or Block 13 if change



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

Change

JAN: 16/97 205-257-5646

Addition

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400001420 (6)

ROSERIVER NURSERY & LANDSCAPING, INC.

Principal Place of Business Mailing Address 12300 SW 194 ST 12500 SW 240TH ST MIAMI FL 33177-6519 PRINCETON FL 33032 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1993 04/18/1996 4. FEI Number 2. Principal Place of Business 2a. Maling Address Applied For 59-3222773 21 26 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zιρ Country  $2 \varpi$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes No 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name ROSARIO, CLAUDIO 12300 SW 194 ST **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33177** вз 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. If am familiar with land accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature, typical or printed name of registered agent and tru, if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change TITLE 1.1 TITLE ROSARIO, CLAUDIO NAME 1.2 NAME E834 12300 SW 194 ST 1.3 STREET ADDRESS STREET ADDRESS MIAM# FL 33177 1.4 CITY - ST - ZIP CITY-ST-ZIP D DELETE ☐ Change \_\_\_ Addition TITLE 21 TITLE ROSARIO, MERCEDES 2.2 NAME NAME 12300 SW 194 ST 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33177** 0-TY - ST - ZF 2. 4 CITY - ST - ZIP Change DELETE Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 0 TY - ST - 76 3.4. CITY - ST- ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY - ST - 719 Change ☐ Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5 3 STREET ADDRESS CITY - ST - ZIF 5.4 CITY-ST-ZIP

DELETE

6.1 TITLE 6.2 NAME

ER OR DIRECTOR

**6.3 STREET ADDRESS** 

64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name